In re Application of: KAZUOMI OISHI

Docket No. 35.G1868

Application No.: 08/777,246

Filed: December 11, 1996

For: METHOD AND APPARATUS FOR

INPUT OF CODED IMAGE DATA

THE ASSISTANT COMMISSIONER FOR PATENTS

Washington, D.C. 20231

Examiner: Ho S. Song

Group Art Unit: 2766

Date: July 6, 1999

GP-2766

JUL 1 2 1999

Group 2700

Sir:

Transmitted herewith is an amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED                              |                                      |       |                                     |                         |                |                   |
|------------------------------------------------|--------------------------------------|-------|-------------------------------------|-------------------------|----------------|-------------------|
|                                                | (2) CLAIMS REMAINING AFTER AMENDMENT |       | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5)<br>PRESENT<br>EXTRA | RATE           | ADDITIONAL<br>FEE |
| TOTAL<br>CLAIMS                                | * 22                                 | MINUS | **<br>25                            | -0-                     | x \$9<br>\$18  | -0-               |
| INDEP.<br>CLAIMS                               | * 6                                  | MINUS | ***<br>6                            | -0-                     | x \$39<br>\$78 | -0-               |
| Fee for Multiple Dependent claims \$130°/\$260 |                                      |       |                                     |                         | -0-            |                   |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT        |                                      |       |                                     | -0-                     |                |                   |

<sup>\*</sup> If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

|      | °Verified State<br>filed previous |              | small | entity | status | is | enclosed, | if | not |
|------|-----------------------------------|--------------|-------|--------|--------|----|-----------|----|-----|
|      | A check in the                    | amount of \$ |       | is enc | losed. |    |           | J  |     |
| Page | e 1 of 2                          |              |       |        |        |    |           |    |     |

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

|          | Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.                                                                                                                                                                                                                                                                                                                                     |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| X        | Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Assistant Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed. |
| X        | A check in the amount of $\$870.00$ to cover the fee for a THREE month extension is enclosed.                                                                                                                                                                                                                                                                                                                             |
| <u>.</u> | A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.                                                                                                                                                                                                                                                                                                                                |
| Х        | Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.                                                                                                                                                                                                                                      |
|          | Respectfully submitted,                                                                                                                                                                                                                                                                                                                                                                                                   |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                           |

William J./Brunet Attorney for Applicant Registration No.20,452

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